

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	71058	3/3/00
O.I.P.E. CLASSIFIER		i	3-900
FORMALITY REVIEW		10580	3-900
RESPONSE FORMALITY REVIEW			5/15

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date	Final Original	Final Original	Final Original
1		✓	✓	✓
2		✓	✓	✓
3		✓	✓	✓
4		✓	✓	✓
5		✓	✓	✓
6		✓	✓	✓
7		✓	✓	✓
8		✓	✓	✓
9		✓	✓	✓
10		✓	✓	✓
11		✓	✓	✓
12		✓	✓	✓
13		✓	✓	✓
14		✓	✓	✓
15		✓	✓	✓
16		✓	✓	✓
17		✓	✓	✓
18		✓	✓	✓
19		✓	✓	✓
20		✓	✓	✓
21		✓	✓	✓
22		✓	✓	✓
23		✓	✓	✓
24		✓	✓	✓
25		✓	✓	✓
26		✓	✓	✓
27		✓	✓	✓
28		✓	✓	✓
29		✓	✓	✓
30		✓	✓	✓
31		✓	✓	✓
32		✓	✓	✓
33		✓	✓	✓
34		✓	✓	✓
35		✓	✓	✓
36		✓	✓	✓
37		✓	✓	✓
38		✓	✓	✓
39		✓	✓	✓
40		✓	✓	✓
41		✓	✓	✓
42		✓	✓	✓
43		✓	✓	✓
44		✓	✓	✓
45		✓	✓	✓
46		✓	✓	✓
47		✓	✓	✓
48		✓	✓	✓
49		✓	✓	✓
50		✓	✓	✓

Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)